

Raising the Bar on Quality: Improving MA Star Ratings

Quality measures in Medicare Advantage (MA) are intended to provide meaningful, actionable information for seniors to select the plan that best suits their needs. Today, the measures making up star ratings fall into three categories:

- ▶ Process
- ▶ Patient Experience
- ▶ Health Outcomes

Process measures are typically “check the box” actions and do not directly impact patient health or reflect beneficiary satisfaction. They were created in the early days of the MA program as baby steps. Many process measures are administrative and **do little to differentiate the highest performing plans.**



Consumers and clinicians agree that patient experience and health outcome measures are the strongest indicators of MA performance and should be prioritized when evaluating the quality of health plans.

25%

reduction of
current measures
to reduce burden
on patients and
providers

Under the current quality rating system, most MA contracts score well because insurers are skilled at conducting administrative tasks to achieve success. This results in many process measures being “topped-out.” The majority of plans are clustered together on process measures, showing no meaningful difference between plans and distorting consumers ability to distinguish high and low performers.

MA for Tomorrow moves beyond the original process measures to get consumers the information they need in selecting a plan. Specifically, *MA for Tomorrow* proposes immediately retiring **10 of the current 17 process measures.** With 38 total star rating measures, this represents a reduction of just one quarter of current measures, but a meaningful reduction on the burden placed today on patients and providers.

Star ratings should focus on patient experience and health outcomes. Measures that provide minimal variation across measures do not distinguish the best from the rest.

MA for Tomorrow would retire the following process measures:

Topped-Out Measures

- ✗ Care for Older Adults – One Pain Assessment in a Year
- ✗ Accuracy of Prices on Medicare Plan Finder
- ✗ Kidney Disease Monitoring for Consumers who Needed Medical Attention for Nephropathy
- ✗ Care for Older Adults - One Medication Review in a Year
- ✗ Medication Therapy Management Comprehensive Review

Bad Methodology Measures

- ✗ Patient-Reported Annual Flu Vaccine
- ✗ Monitoring Physical Activity Conversation with Physician
- ✗ Osteoporosis Management in Women Who Have Had a Fracture
- ✗ Patient-Reported Improving Bladder Control Conversation with Physician
- ✗ Patient-Reported Fall Risk Reduction

These process measures were a good start in 2012 but fall short today. High-quality plans have demonstrated their ability to meet process targets. Experts at MedPAC have long recommended overhauling and eliminating many of these process measures – and we agree. Let's push the industry to deliver true outcomes.

The Centers for Medicare & Medicaid Services has broad authority to make these changes TODAY. **Focusing on measures that matter** — measures of patient experience and health outcomes — will drive **higher quality** and coordinated **care** that **improves the health of consumers and the community**.

Learn more about MA for Tomorrow at MAforTomorrow.org.

